

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 02/25/14 DAY WED		TIME: MILITARY 1456
CRASH OCCURRED ON 726 E. Main Street				WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE
LOG-1		LOG-2		LOC JUR FH9 FILT				
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Grange	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Gooch, Robyn R.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1A Cedar Ct. Lebanon, OH 45036				
PHONE NO. 513-850-6219		BIRTH DATE 06/30/66	AGE 48	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RF434733
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS				PHONE
VEH YR 2007	MAKE Toyota	MODEL Camry	COLOR BIK	STYLE 45	STATE OH	LICENSE PLATE NO. FJB5222	TOWING SERVICE	VEH/PED DIR FROM N TO S
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE								
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT State Farm	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Jordan, Sharon E.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1515 Alameda Dr. Xenia, OH 45385				
PHONE NO. 513-282-5687		BIRTH DATE 07/05/54	AGE 60	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RN705578
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME				ADDRESS				PHONE
VEH YR 2003	MAKE Ford	MODEL Taurus	COLOR Silver	STYLE 45	STATE OH	LICENSE PLATE NO. ESM1690	TOWING SERVICE	VEH/PED DIR FROM S TO N
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE								
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION	
		ADDRESS		PHONE		SEX	A B C D E F	
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F	
		ADDRESS		PHONE		SEX	A B C D E F	
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F	
		ADDRESS		PHONE		SEX	A B C D E F	
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	A B C D E F	
		ADDRESS		PHONE		SEX	A B C D E F	
INJURED TAKEN TO		By		A B C D E F		ALCOHOL		
INJURED TAKEN TO		By		A B C D E F		A B C D E F		
OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		
A		B		C		D		
D		E		F		G		
A		B		C		D		
D		E		F		G		
RECEIVED CALL 1456		DISPATCHED 1458		ARRIVED 1503		CLEARED 1513		
DATE REPORT FILED 02/26/15		PHOTOS YES		OFFICER'S NAME PH. C Brock		BADGE NO. 126		
CHECKED BY		TOTAL MINUTES 25		OTHER TIME 15		TOTAL MINUTES 25		
1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		
1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG		4 USING ILLICIT DRUG		

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

2015-2851